

HERMAN & WHITEAKER, LLC

DONALD L. HERMAN, JR
GREGORY W. WHITEAKER
ROBIN E. TUTTLE[†]
SUSAN C. GOLDHAR ORNSTEIN
SARAH L. J. ACEVES^{††}

[†]Admitted in DC, SC and FL only
^{††}Admitted in DC only

TEL 202-600-7272
FAX 202-706-6056
3204 TOWER OAKS BLVD, STE 180
ROCKVILLE, MD 20852

**SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT PURSUANT TO
PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN
DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208
BEFORE THE FEDERAL COMMUNICATIONS COMMISSION – REDACTED FOR
PUBLIC INSPECTION**

July 31, 2014

VIA HAND DELIVERY AND ECFS FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, SW
Washington, D.C. 20554

Re: REQUEST FOR CONFIDENTIAL TREATMENT
Plateau Telecommunications, Inc., FCC Form 690 Filing, WT Docket No. 10-208

Dear Ms. Dortch:

Enclosed for filing is an original of the confidential version of the Plateau Telecommunications, Inc. ("Plateau") Federal Communications Commission ("Commission" or "FCC") Form 690 ("Form 690"), including the Form 690's Coverage and Performance Report and Project Status Description attachments. The confidential shapefiles that Plateau submitted to the Universal Service Administrative Company ("USAC") with the Form 690 have also been filed in the Commission's MFI Geospatial Data Collection interface today. Two copies of the redacted, public version of the Form 690 are being filed today under separate cover, as well as electronically via the Commission's ECFS.

Pursuant to 47 C.F.R. §§ 0.457 and 0.459 of the Commission's Rules, Plateau hereby requests that the Commission afford confidential treatment to and withhold from public inspection certain information included in and attachments to Plateau's Form 690, consistent with and pursuant to the confidential treatment provided in the Commission's Third Protective

SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT – REDACTED FOR PUBLIC INSPECTION

Marlene H. Dortch, Secretary, FCC
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Order in the above referenced docket,¹ and in accordance with the Freedom of Information Act (“FOIA”), 5 U.S.C. § 552. Specifically, Plateau requests that the Commission afford confidential treatment to the following Form 690 information and attachments: Coverage and Performance Report, Project Status Description, and shapefile documents, which provide detailed information about the deployment of Plateau’s competitive wireless telecommunications networks and related business plans (the “Confidential Information”). Plateau’s Confidential Information meets the requirements for confidential treatment contained in the Commission’s rules.²

Each page of the confidential version of the Form 690, Coverage and Performance Report, and Project Status Description is marked “CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.” Where confidential information is included, the relevant portions of the text are marked “[BEGIN CONFIDENTIAL] [END CONFIDENTIAL].” The shapefile documents have been filed electronically with the Commission’s MFI Geospatial Data Collection interface today and have been marked as subject to a request for confidential treatment.

Each page of the redacted version of the Form 690 is marked “SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION – REDACTED FOR PUBLIC INSPECTION.” Where confidential information has been removed, the relevant portions of the text is marked “[REDACTED].” The entire contents of the attachments to the Form 690, specifically the Coverage and Performance Report, Project Status Description, and shapefile documents, are confidential information and are wholly redacted in the redacted version.

Plateau submits the following information pursuant to Section 0.459 of the Commission’s Rules:

(1) Identification of the specific information for which confidential treatment is sought.

Plateau seeks confidential treatment of the Confidential Information, which provides details about Plateau’s network deployment and related business plans. This information is

¹ See *Connect America Fund et al.*, Third Protective Order, WC Docket Nos. 10-90, 07-135, 05-337, 03-109, GN Docket No. 09-51, CC Docket Nos. 01-92, 96-45, WT Docket No. 10-208 et al., DA 12-1418 (rel. Aug. 30, 2012) (“Third Protective Order”).

² See 47 C.F.R. § 0.459.

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competitively sensitive commercial and financial information and constitutes “confidential commercial information” under Exemption 4 of the FOIA, 47 U.S.C. § 552(b)(4). Accordingly, pursuant to Section 0.459(a) of the Commission’s Rules, Plateau requests that such information not be made routinely available for public inspection.

(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission.

The information is being provided to the Commission as part of the required annual report for Mobility Fund Phase I support through the Form 690.

(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.

As noted above, the information contains competitively sensitive financial and commercial information. Competitors could use this information to gain an unfair competitive advantage.

(4) Explanation of the degree to which the information concerns a service that is subject to competition.

The confidential information being provided to the Commission involves telecommunications services provided by Plateau in competition with other carriers. Plateau is a provider of mobile broadband and voice services in a highly competitive industry. Plateau competes against other providers of broadband and voice services, including mobile services providers, incumbent local exchange carriers, as well as other competitive carriers. The presence of such competition and the likelihood of competitive injury threatened by release of the information provided by Plateau in connection with the Form 690 justify withholding the information from public disclosure.

(5) Explanation of how disclosure of the information could result in substantial competitive harm.

Competitors could use the disclosed information to gain an unfair advantage over Plateau. Specifically, competitors could use this information to learn of Plateau’s network deployment and gauge the success of Plateau’s marketing efforts and service packages, allowing competitors to adjust their marketing and pricing accordingly, to the detriment of Plateau. Competitors also could gain information regarding the performance of Plateau’s mobile broadband and voice networks. Commission precedent has clearly found this type of information to be competitively sensitive and withholdable under the FOIA exceptions.³

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Specifically, the Commission has recognized that competitive harm can result from the disclosure of confidential business information that gives competitors insight into a company's costs, pricing plans, market strategies, and customers.

(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure;

Plateau has diligently prevented the unauthorized disclosure of the information, and has kept such information confidential within the company unless otherwise required to be disclosed pursuant to applicable governmental regulations.

(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.

The information has been disclosed to vendors who are subject to non-disclosure obligations and will be filed with the New Mexico Public Regulation Commission pursuant to the Commission's requirements for filing the Form 690. The Confidential Information will be filed confidentially with the New Mexico Public Regulation Commission.

(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure.

The information regarding Plateau's commercial network deployment information and related business plans must be kept confidential until the public announcement of such information. Confidential treatment must be afforded for this information as long as it would provide a basis for Plateau's competitors to gain insight into Plateau's business operations. At this time, Plateau cannot determine the exact date on which the information could no longer be used by competitors to Plateau's detriment.

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CONCLUSION

For the above reasons, Plateau respectfully requests that the Commission withhold from public disclosure the proprietary commercial and financial information contained in the Confidential Information in the Form 690. In accordance with Section 0.459(g) of the Commission's rules, Plateau requests telephone and written notification from the Commission if the instant request is denied, so that it may file an Application for Review or request return of the confidential materials pursuant to Section 0.459(e).

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'G. Whiteaker', with a long horizontal flourish extending to the right.

Gregory W. Whiteaker
Counsel for Plateau Telecommunications, Inc.

Enclosures

| | |
|---|---|
| Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

| | |
|--|--|
| <010> Study Area Code | 498015 |
| <015> Study Area Name | Plateau Telecommunications, Incorporated |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Launa Waller |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 5753894211 ext. |
| <039> Contact Email: Email of the person identified in data line <030> | lwaller@plateautel.com |

(check box when complete)

| | |
|--|---|
| <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) | <input type="radio"/> <input checked="" type="radio"/> |
| <041> Attach a description of the documents filed with the Form 481 reporting | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <042> Cite the Study Area Code (SAC) for the Form 481 reporting | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <043> Cite the date of the Form 481 reporting | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <050> <u>Carrier Contact Information</u> <small>(has the contact info. changed since prior filing? Yes or No)</small> | <input checked="" type="radio"/> <input type="radio"/> |
| <small>(If yes, complete the attached worksheet)</small> | <div style="border: 1px solid black; padding: 2px; text-align: center;">✓</div> |
| <060> <u>Coverage and Performance Report</u> <small>(complete attached worksheet)</small> | <div style="border: 1px solid black; padding: 2px; text-align: center;">✓</div> |
| <070> <u>Urban Rate Comparability Certification</u> <small>(complete attached certification)</small> | <div style="border: 1px solid black; padding: 2px; text-align: center;">✓</div> |
| <080> <u>Tribal Lands Reporting (y/n?)</u> <small>(Does this study area cover tribal lands? Yes or No)</small> | <input type="radio"/> <input checked="" type="radio"/> |
| <small>(If yes, complete the attached worksheet)</small> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <090> <u>Project Update Information</u> <small>(complete attached worksheet)</small> | <div style="border: 1px solid black; padding: 2px; text-align: center;">✓</div> |
| <100> <u>Certifications</u> | |
| <101> Reporting Carrier Certification <small>(complete attached certification)</small> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <102> Agent Certification <small>(complete attached certification)</small> | <div style="border: 1px solid black; padding: 2px; text-align: center;">✓</div> |

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERF, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

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| | | |
|-------|---|--|
| <010> | Study Area Code | 498015 |
| <015> | Study Area Name | Plateau Telecommunications, Incorporated |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

| | | |
|-------|-----------------------------|--|
| <100> | FCC Registration Number | 0003800570 |
| <111> | Filing Carrier Name | Plateau Telecommunications, Incorporated |
| <112> | Winning Bidder Carrier Name | Plateau Telecommunications, Incorporated |
| <113> | Street Address (or PO Box) | 7111 N Prince St |
| <114> | City | Clovis |
| <115> | State | NM |
| <116> | Zip-Code | 88101 |
| <117> | Telephone Number | 5753894211 ext. |
| <118> | Fax Number | 5753895245 |
| <119> | Email Address | lwaller@plateautel.com |

Contact Information

if same as above, indicate in this box



| | | |
|-------|--------------------------------|--|
| <120> | Name (First, MI, Last, Suffix) | Launa Waller |
| <121> | Filing Carrier Name | Plateau Telecommunications, Incorporated |
| <122> | Street Address (or PO Box) | 7111 N Prince St |
| <123> | City | Clovis |
| <124> | State | NM |
| <125> | Zip-Code | 88101 |
| <126> | Telephone Number | 5753894211 ext. |
| <127> | Fax Number | 5753895245 |
| <128> | Email Address | lwaller@plateautel.com |

Authorized Agent Information

if no agent, indicate in this box



| | | |
|-------|--------------------------------|----------------------------------|
| <120> | Name (First, MI, Last, Suffix) | Robin Tuttle |
| <121> | Company | Herman & Whiteaker, LLC |
| <122> | Street Address (or PO Box) | 3204 Tower Oaks Blvd., Suite 180 |
| <123> | City | Rockville |
| <124> | State | MD |
| <125> | Zip-Code | 20852 |
| <126> | Telephone Number | 2028270667 ext. |
| <127> | Fax Number | 2027066056 |
| <128> | Email Address | rtuttle@hermanwhiteaker.com |

Electronic Shapefiles attachments

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

Percentage of Total Population Reached by Service

Percentage of Total
Road Miles covered
by Service

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(070) Urban Rate Comparability Certification Compliance

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| | | |
|-------|---|--|
| <010> | Study Area Code | 498015 |
| <015> | Study Area Name | Plateau Telecommunications, Incorporated |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| | |
|--|--------------------------------|
| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) | |
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| | |
|---|--|
| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) <u>Robin Tuttle</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | Robin Tuttle |
| Name of Reporting Carrier: | Plateau Telecommunications, Incorporated |
| Signature of Authorized Officer or Employee: | CERTIFIED ONLINE Date: 07/30/2014 |
| Printed name of Authorized Officer or Employee: | Tom Phelps |
| Title or position of Authorized Officer or Employee: | CEO |
| Telephone number of Authorized Officer or Employee: | 5753895100 ext. |
| Study Area Code of Reporting Carrier: | 498015 Filing Due Date for this form: 07/31/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--|
| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | Plateau Telecommunications, Incorporated |
| Name of Authorized Agent or Employee of Agent: | Robin Tuttle |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 07/30/2014 |
| Printed name of Authorized Agent or Employee of Agent: | Robin Tuttle |
| Title or position of Authorized Agent or Employee of Agent: | Authorized Agent |
| Telephone number of Authorized Agent or Employee of Agent: | 2028270667 ext. |
| Study Area Code of Reporting Carrier: | 498015 Filing Due Date for this form: 07/31/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

(080) Tribal Lands Reporting

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| | | |
|-------|---|--|
| <010> | Study Area Code | 498015 |
| <015> | Study Area Name | Plateau Telecommunications, Incorporated |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

| | Select (Yes,No, NA) |
|--|------------------------|
| <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <147> Feasibility and sustainability planning; | |
| <148> Marketing services in a culturally sensitive manner; | |
| <149> Compliance with Rights of way processes | |
| <150> Compliance with Land Use permitting requirements | |
| <151> Compliance with Facilities Siting rules | |
| <152> Compliance with Environmental Review processes | |
| <153> Compliance with Cultural Preservation review processes | |
| <154> Compliance with Tribal Business and Licensing requirements. | |

(090) Project Update Information

FCC Form 690

Approved by OMB

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| | | |
|-------|---|--|
| <010> | Study Area Code | 498015 |
| <015> | Study Area Name | Plateau Telecommunications, Incorporated |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

| | | |
|-------|---|--|
| <200> | Date Authorized to Receive Support | <input type="text" value="06/20/2013"/> |
| <201> | Targeted Completion Date | <input type="text" value="06/19/2016"/> |
| <202> | Total Mobility Fund Support Awarded | <input type="text" value="829987.35"/> |
| <203> | Total Mobility Fund Support Disbursed | <input type="text" value="276662.45"/> |
| <204> | Support Applied to Network Design | <input type="text"/> |
| <205> | Support Applied to Construction | <input type="text"/> |
| <206> | Support Applied to Deployment | <input type="text"/> |
| <207> | Support Applied to Maintenance | <input type="text"/> |
| <208> | Certify Network will Support 3G Mobile Service (Yes / No) | <input type="radio"/> <input checked="" type="radio"/> |
| <209> | Certify Network will Support 4G Mobile Service (Yes / No) | <input checked="" type="radio"/> <input type="radio"/> |
| <210> | Actual Completion Date | <input type="text"/> |
| <211> | Project Status Description (attached) | <div>498015_PSD_NM.pdf</div> <div>{Name of PDF attached}</div> |

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

| | | |
|-------|---|-------------------------------------|
| <212> | Status of Network Deployment - Network Design | <input checked="" type="checkbox"/> |
| <213> | Status of Network Deployment - Construction | <input checked="" type="checkbox"/> |
| <214> | Status of Network Deployment - Deployment | <input checked="" type="checkbox"/> |
| <215> | Status of Network Deployment - Maintenance | <input checked="" type="checkbox"/> |
| <216> | Project Budget Status | <input checked="" type="checkbox"/> |
| <217> | Project Plan Status | <input checked="" type="checkbox"/> |

(101) Certification - Reporting Carrier

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| | | |
|-------|---|--|
| <010> | Study Area Code | 498015 |
| <015> | Study Area Name | Plateau Telecommunications, Incorporated |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|--|---|
| (102) Certification - Agent / Carrier | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8 |
|--|---|

| | |
|---|--|
| <010> Study Area Code | 498015 |
| <015> Study Area Name | Plateau Telecommunications, Incorporated |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Launa Waller |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5753894211 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | lwaller@plateautel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier | |
|--|--|
| I certify that (Name of Agent) <u>Robin Tuttle</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: <u>Robin Tuttle</u> | |
| Name of Reporting Carrier: <u>Plateau Telecommunications, Incorporated</u> | |
| Signature of Authorized Officer: <u>CERTIFIED ONLINE</u> | Date: <u>07/30/2014</u> |
| Printed name of Authorized Officer: <u>Tom Phelps</u> | |
| Title or position of Authorized Officer: <u>CEO</u> | |
| Telephone number of Authorized Officer: <u>5753895100 ext.</u> | |
| Study Area Code of Reporting Carrier: <u>498015</u> | Filing Due Date for this form: <u>07/31/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier | |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: <u>Plateau Telecommunications, Incorporated</u> | |
| Name of Authorized Agent or Employee of Agent: <u>Robin Tuttle</u> | |
| Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u> | Date: <u>07/30/2014</u> |
| Printed name of Authorized Agent or Employee of Agent: <u>Robin Tuttle</u> | |
| Title or position of Authorized Agent or Employee of Agent: <u>Authorized Agent</u> | |
| Telephone number of Authorized Agent or Employee of Agent: <u>2028270667 ext.</u> | |
| Study Area Code of Reporting Carrier: <u>498015</u> | Filing Due Date for this form: <u>07/31/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

[REDACTED]

Attachments